

Glue sniffing among street children of Kathmandu

A survey of usage patterns and addiction mechanisms



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Background

Glue Sniffing, a well-known addiction of most street children from Central America for several decades¹, has only recently started becoming a common phenomenon among street children in Asia². For this population of children deprived of basic care, support and adult supervision, use of inhalants such as glue is perceived as a cheaper alternative to other more expensive drugs. In Asian countries, it is usually preferred to other inhalants popular in South America and Africa such as gasoline or paint thinner.

Though the exact number of children addicted to glue sniffing in Asia is not known, and very few researches have been undertaken on this issue, it has been identified since the early 1990s as a very common problem among street children in Thailand, Indonesia, Cambodia, Malaysia, Pakistan, India and Philippines³.

In Nepal, and even though it has now reached all major cities, glue sniffing is an even more recent phenomenon. It was essentially inexistent in Katmandu before 2000, but started spreading very quickly among street children after that, the habit being apparently brought from India cities, or cities of the open nepali-indian borders, to which the very mobile population of Nepal street children has easy access.

The glue is a "shoe glue", used by all shoe repairmen, and many garment or other product makers. In Nepal, it is usually found in "hardware" shops, but can also be found in stationeries, or even bought from local street vendors, junkyards, etc... meaning that it is readily available at every corner, and at nearly any time of the day and night. Popular brands in Nepal include dendrite and Maxobond. Though Maxobond, a locally made glue is now by far the most popular, the Indian made dendrite was the first glue to be used, and has become so popular that kids usually refer to glue as "denlight" (nepali pronunciation) or simply as "den", whatever brand they are using. Though there exists many ways to inhale the glue solvent, Nepali street children use it mostly by dropping a certain quantity of glue inside a small plastic bag (milk bag), and by taking long deep breaths from the bag, a technique usually referred to as "bagging".

The main psychoactive ingredient of glue is the solvent (toluene), a neurotoxin. The effects are powerful and nearly instantaneous. The fumes reduce one's concept of reality, minimize fear, and nearly eliminate pain. The glue is thought to be sniffed to alleviate hunger pains, or and/or to tolerate cold weather or other physical ills. Once addicted to the glue, which is easy and fast, the glue serves a function of boosting one's confidence

¹In Brazil, as early as the 1920s a series of local medical articles focused on the so-called ether-inhaling vice, in which ether or the volatile product found in a common device called lança-perfume (meaning "perfume-thrower") was inhaled by young people in Brazilian cities (cf Carlini-Cotrim, B., and Carlini, E.A. The use of solvents and other drugs among hopeless and destitute children living in the city streets of São Paulo, Brazil. *Soc Pharmacol* 2(1):51-62, 1988b).

² Asia Child Right ACR Weekly Newsletter Vol.01, No.06 (18 DEC 2002)

³Cf "An Overview of Inhalant Abuse in Selected countries of Asia and the Pacific Region", in *Epidemiology of Inhalant Abuse: An International Perspective*, National Institute of Drug Abuse, NIDA Research Monograph 148, US Department of Health.

and reducing one's social concern, which in turn makes it easier for many people with such an addiction, to engage in petty thievery (purse snatching, etc.) that they might otherwise not do. Though no scientific clinical studies as such has been performed so far, it has been observed that long term use of the glue usually results in liver and kidney failure, as well as possibly irreversible brain damage (the solvent contained in the glue, namely toluene, is associated to loss of brain tissue mass, impaired cognition, loss of coordination, hearing and vision loss).⁴

The popularity of glue sniffing among street children all over the world can be attributed to three obvious factors:

- It is cheap, or at least much cheaper than other drugs
- It is legal, and ubiquitous (easily available)
- The "high" is very strong, happens nearly instantaneously, with effects similar to getting drunk on alcohol (hallucinations and loss of inhibitions) with may last whole day long for some individuals.

Though there has been in the past some noticeable attempts by a number of glue making companies based in America to reduce the consumption or toxicity of the product (annex [1]), no such thing has been attempted in Asia so far, and no Asian countries ever formulated laws to combat or reduce glue sniffing (like prohibiting selling glue to children for instance). There is an urgent need to address this problem before it addicts not only street children but children from all society states. Indeed, recent observations in Nepal have shown that glue sniffing has started becoming popular among school children, especially teenage girls (annex [2]).

Introduction to the survey

Survey's Objective:

The survey was triggered by the growing need for APC-Nepal and its staff to better understands the mechanisms (frequency, usage patterns, addiction mechanism, recovery and weaning process) underlying the use of glue among street children. Throughout its shelters and activities, glue sniffing has been unanimously observed as being one of the most distinctive and self-destructive behavior of street children, and a very hard one to deal with, jeopardizing most of the programs aimed at their rehabilitation.

For that reason, a series of internal consultations on the subject were held, which helped to share each other's knowledge as well as identify the areas of uncertainty where objective inputs were missing, thus leading to the launching of this survey.

The main objective of the survey was threefold:

- 1) Understand the objective **usage habit and pattern** of glue sniffing (how, how often, when, where, with whom...)

⁴Rosenberg, N.L., and Sharp, C.W. Solvent toxicity: A neurological focus, In: Sharp, C.; Beauvais, F.; and Spence, R., eds. *Inhalant Abuse: A Volatile Research Agenda*. National Institute on Drug Abuse Monograph 129

- 2) Understand the addiction **mechanism**, from the point of view of the children: since when? Why? Which effect? Which feelings before/after? People reactions?
- 3) Explore possible **weaning process**, once again emphasizing on children's own perception and suggestions: How to stop? Why to stop? What should be the proper attitude of NGO? Etc...

This survey was also taken to cross-check a recent but rather surprising claim by a local NGO in Katmandu according to which “*the levels of use of alcohol, hashish and glue are similar (among street children), with the proportion of those currently using each substance (31-38%)...*”⁵. This claim obviously contradicted the daily experience of APC peer educators and field workers, both in term of the absolute frequency of use as well as in term of the comparison with other substance abuse, and justified the need to conduct an independent quantitative assessment.

Survey Methodology

The present survey was carried out in April and may 2008. 100 children were interviewed from different locations where APC-Nepal is active through its day/night drop-in centers as well as its outreach programs (center of Kathmandu and Patan).

The children were mostly interviewed in the drop-in (66%) or in the streets (21%) (see [1]). Only a small fraction of them (13%) were staying in the Transit Homes and most of these had already quit sniffing glue, but were asked about their usage habit while in the streets. All of them were, or used to be before institutionalization, children of the streets, i.e. living day and night in the streets, and not connected any more with their family. The average age (see [2]) is 13.5 years (min 5 years, max 18 years) and the average duration of stay in the streets 3.5 years, giving an average age of arrival in the street of about 10 years.

All the children met in the streets or in the drop-ins and willing to give the interview were welcome. Children were not selected based on their age, place of stay, or time spent in the streets. Each interview lasted minimum 20 minutes, the time necessary to have the children – sometime himself under the influence of glue - clearly understand the meaning of the 40 or so questions.

While for some of the questions meant to collect objective evidence the answers were “directed” (by giving multiple choices, e.g.: do you use usually glue alone or with friends?), most of them were designed to be as “opened” as possible, allowing for the children to freely express themselves. That naturally led to a large variety of answers actually describing the same or similar phenomenon which had to be grouped under a common heading for the sake of the analysis (e.g. to the question “What do you feel after taking glue? Answers like “I see snakes”, “I see ghost”, “I see God in the sky”, “I feel the earth shaking”, “I see my family” were simply grouped together as “hallucinations”).

⁵The study in question (CPCS, 2007) is a very exhaustive review of all aspects of the life of street children in Nepal. As the most recent and detailed study on this matter, it tends to be quoted as a reference, though some of its results happen to be rather questionable.

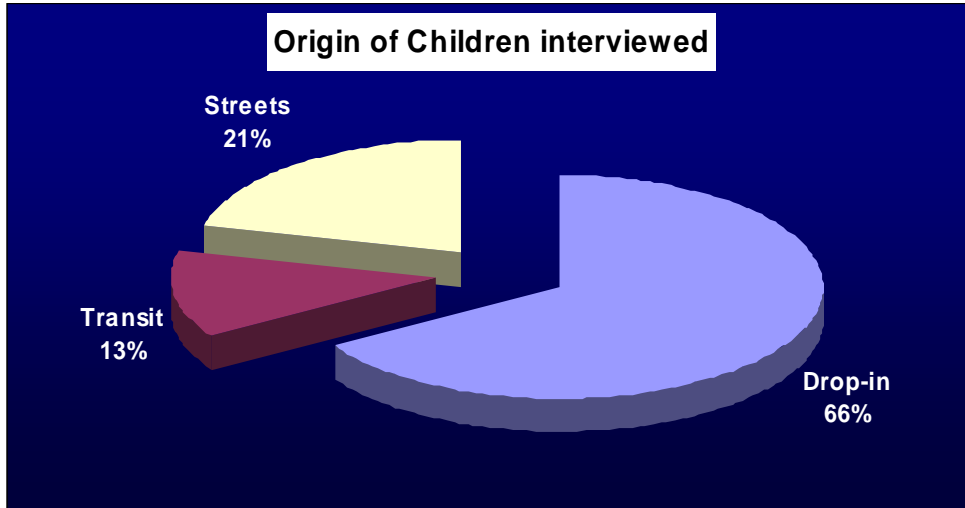


Figure 1: Origin of children interviewed

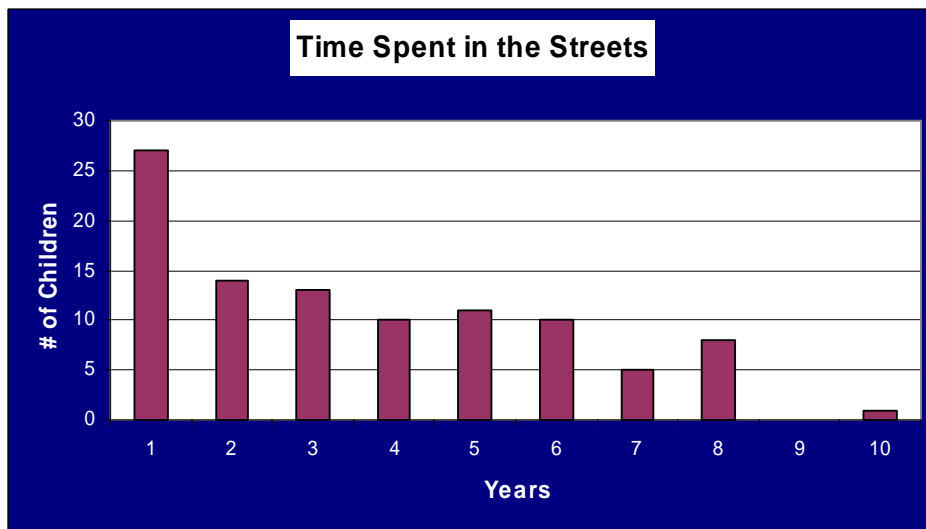
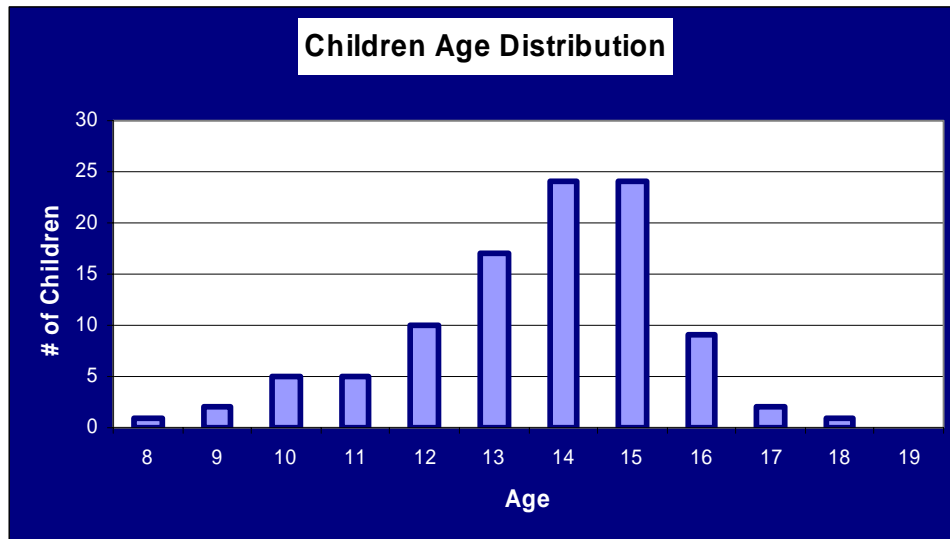


Figure 2: Age distribution (top) and Time spent in the streets (bottom) at the time of interview

Only 3 of the children interviewed were girls, a proportion that reflects rather well the actual sex ratio of children in the streets of Kathmandu. In the course of this study, their answers were not found to differ significantly from those of the boys and no distinction is made hereafter according to the sex of the children.

Survey Results

1) *Smoking patterns*

Because there is an obvious social stigma attached to glue sniffing and confessing openly about it can be difficult for some of the children, even in front of a well-known street educator, the interview started by a casual conversation about the child's smoking habit. Not only did it allow breaking the ice but the results also serve as a very useful reference point for the glue sniffing habit.

The results show that only 2% of the children said that they were not smoking and had never smoked. The vast majority of children admitted smoking, with 86% daily, and the others if not daily, at least several times a week. The number of cigarettes smoked per day was found to vary between 1 and 20, with an average of 7.4.

On average, the children interviewed had been smoking for 3.2 years, bringing the age of initiation very close to the age of first arrival in the streets (approx. 10 years old). As can be seen from [3], the time spent in the streets and the time spent smoking are very much correlated, leading to the conclusion that most children start smoking when they arrive in the streets. The correlation is even clearer when plotting the age of initiation to tobacco versus the age of arrival in the streets.

Most of the children are using the cheapest kind of cigarette, which cost Rs 1⁶, while only a few of them were using the Rs 2 ones. The average daily expenditure is Rs 8.5. 50% of the children generate this amount by begging, 34% by rag-picking, while a few of them (16%) claim to get the cigarettes from their friends, or by picking them in the streets.

Though initiation to smoking is clearly done by peers (kids already in the streets), it is interesting to note that most of the children (81%) are found buying and smoking cigarettes on their own. As such smoking, though part of an initiation ritual and the most obvious way to identify oneself with the gang, does not emerge as a collective activity.

⁶The cheapest actually cost 0.5 rs, but comes without filter. Children are mostly using the ones with filter, which are softer.

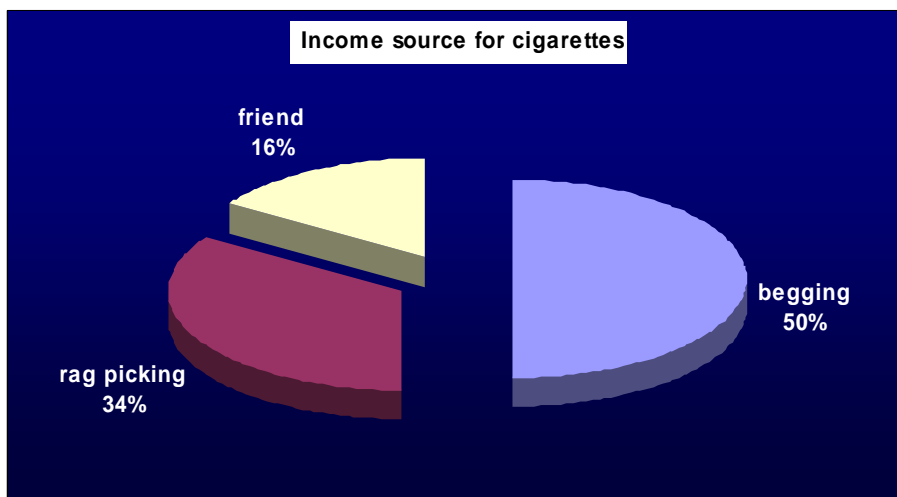
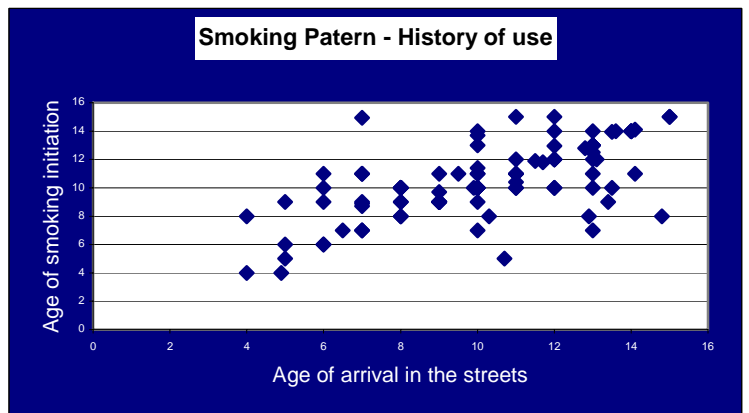
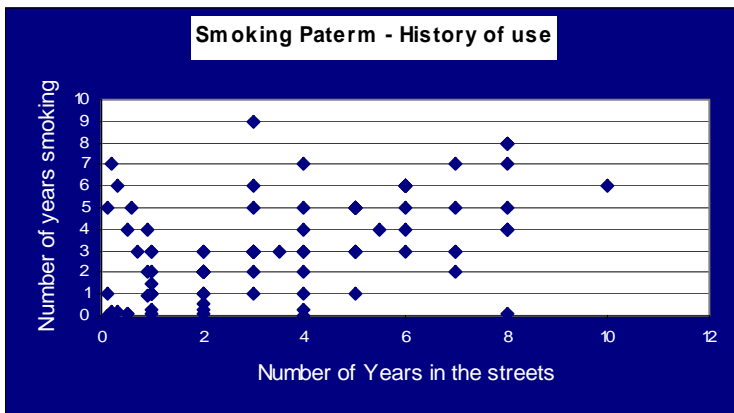
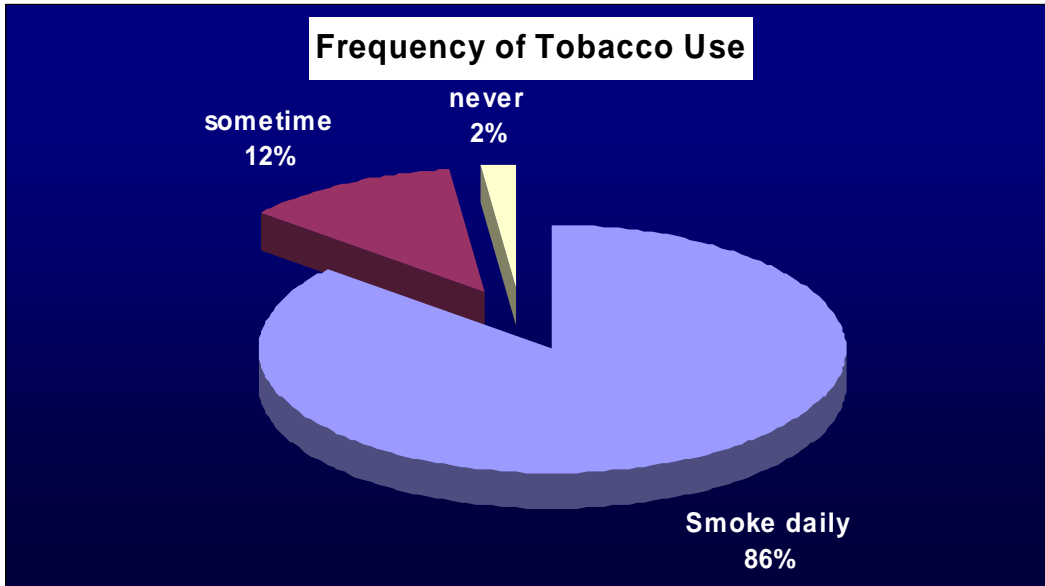
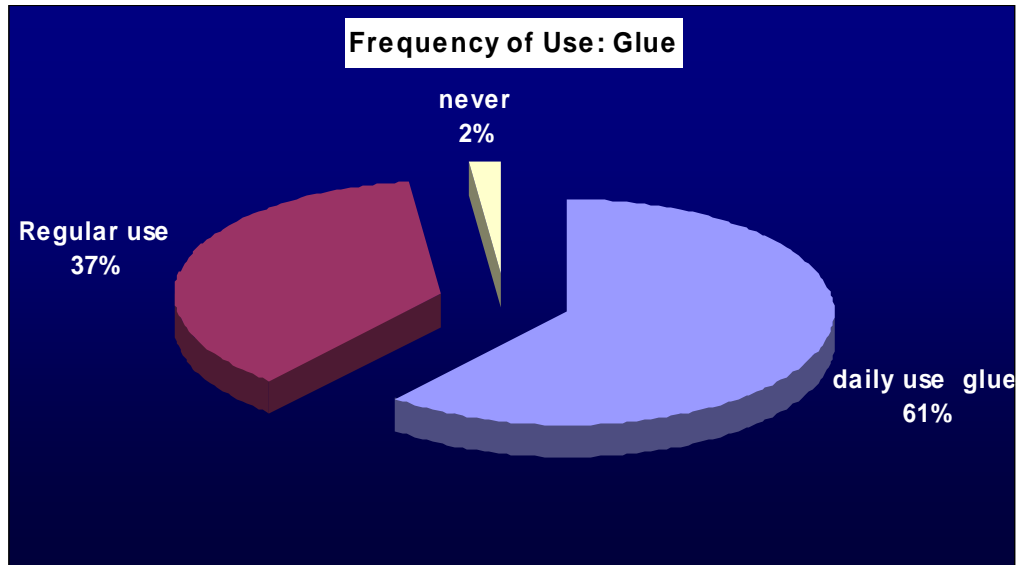


Figure 3: Tobacco: Usage frequency (top), Usage history (middle) and income source (bottom)Glue sniffing habits and patterns

As for tobacco, only 2% of the children interviewed said they had never used glue. Among the 98% left, 61% of them said they were using glue daily, sometime several times a day, while the 37% others admitted using glue several times a week, and can be referred to as “regular users”. On average, children were found to be using glue 5.2 days a week.



All the children without exception (even those saying they had never used glue) could without effort quote a minimum of 2-3 places where glue can be bought. Similarly, all knew the local price for a single packet, ranging from Rs 45 to 60, depending on the retailer⁷. A smaller version (Rs 25) seems to be available too.

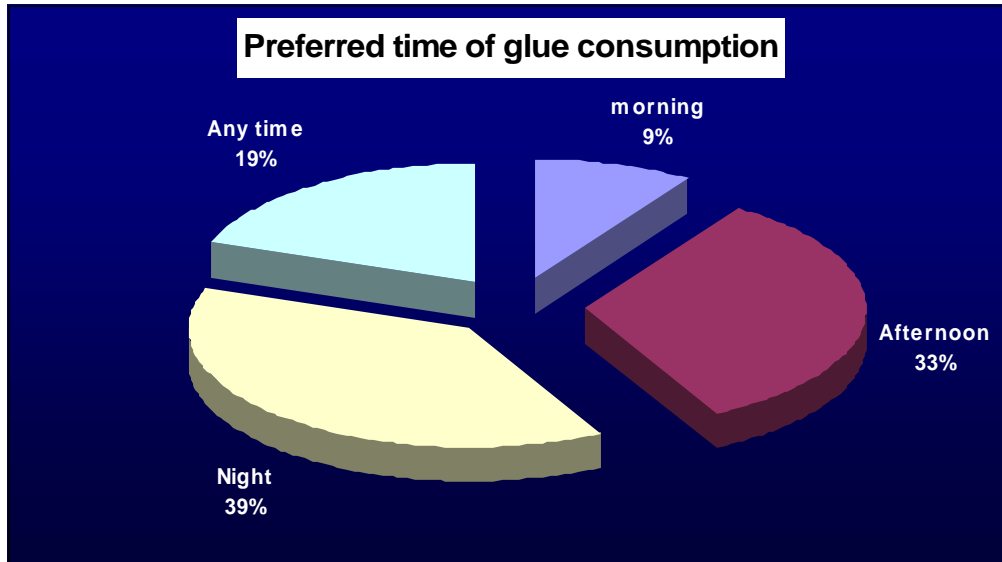
All the areas where children stay at night or work during the day (Thamel, Kalimati, Kalanki, Teku, Dillibazar, Pulchowk, Lagankhel, Solteemol...) seem to possess shops where glue can be readily bought. One of the most popular shops is in Asan, the old bazaar area of central Kathmandu, as it is known to be open whole night long (and managed by a very complacent ex crack-dealer).

Children were found to be using glue in the very place where they usually hang out during the day, usually the heart of the tourist areas such as Basantapur, Hanuman Dhoka, New Road, Thamel, irrespective of the crowd and agitation. They do not seem to need a special place to take glue, nor do they feel the need to hide for it. This fact tends to show that the general public (as well as local authorities), do not interfere with their glue sniffing habit, hinting at the fact that they are mostly indifferent to it.

Most of the children use glue at night (39%) or in the afternoon (33%). Very few use it in the morning. A straightforward explanation to this might be that in the morning they simply don't have money and they will be busy begging or working. It is also possibly

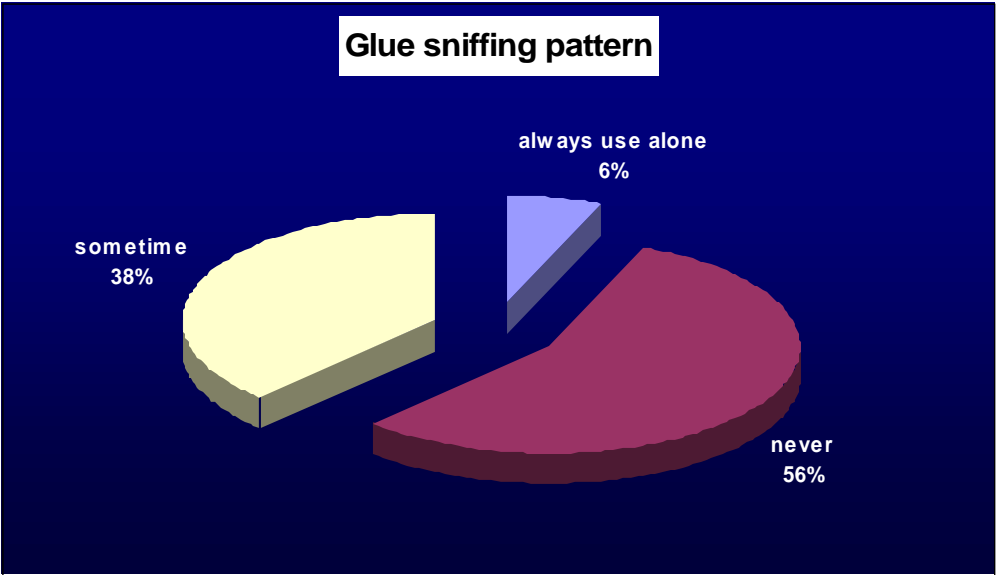
⁷ Shops in Asan/Indra chowk area, where the concentration and the demand is very high, tend to sell glue to children at higher price, and usually higher than to other customers)

due to the fact that the children will usually go their own way in the morning, and start gathering together (for playing/eating/sleeping) only late in the afternoon or in the evening. The time when they meet together in the streets and take rest is obviously the preferred time to sniff glue.



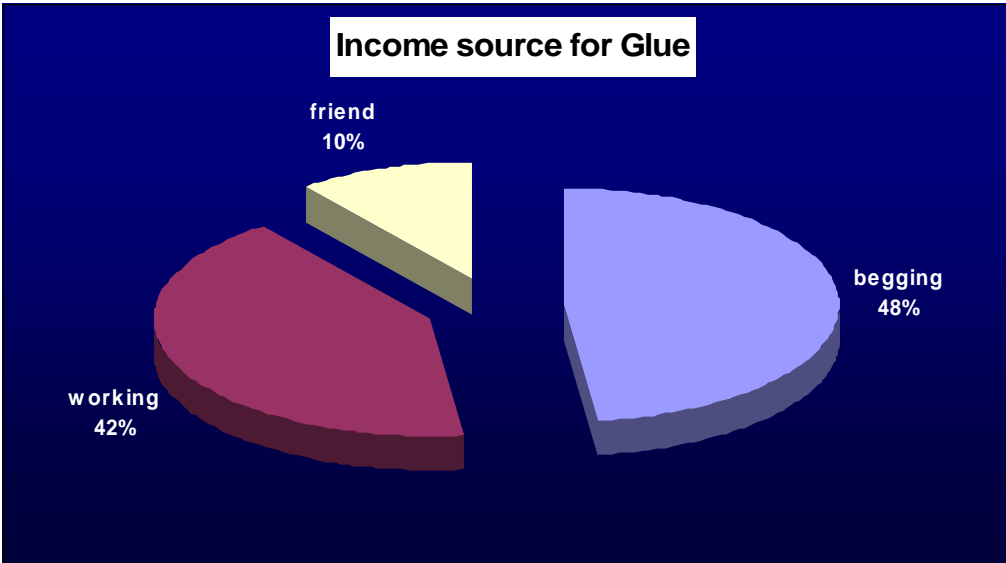
While some children said they could spend up to Rs 150 per day for glue, the average daily expenditure per child range from a minimum of Rs 25 to a maximum of 50, approximately equivalent to ½ or 1 full packet, which seems to be the typical daily consumption (when money is available). That's 4 to 8 times more than what they spend for cigarettes.

It is interesting to note that though all children seem to know very well where to buy glue and at what price, about ½ of them (43%) states that this is a friend who goes to buy it. That glue sniffing is mostly a group activity is made even clearer when children are asked whether they will use glue alone or not. 56% of the children say that they never use glue alone, while 38% say they will sometime use it alone. Only 6% of the children say they prefer to use glue while on their own.



The interviews reveal that usually a packet will be bought by collecting money from a group of children and shared by a leader among this very same group. The size of this group of children sharing a packet varies from 1 to 10, with an average of 5 (each kid bringing about Rs 10).

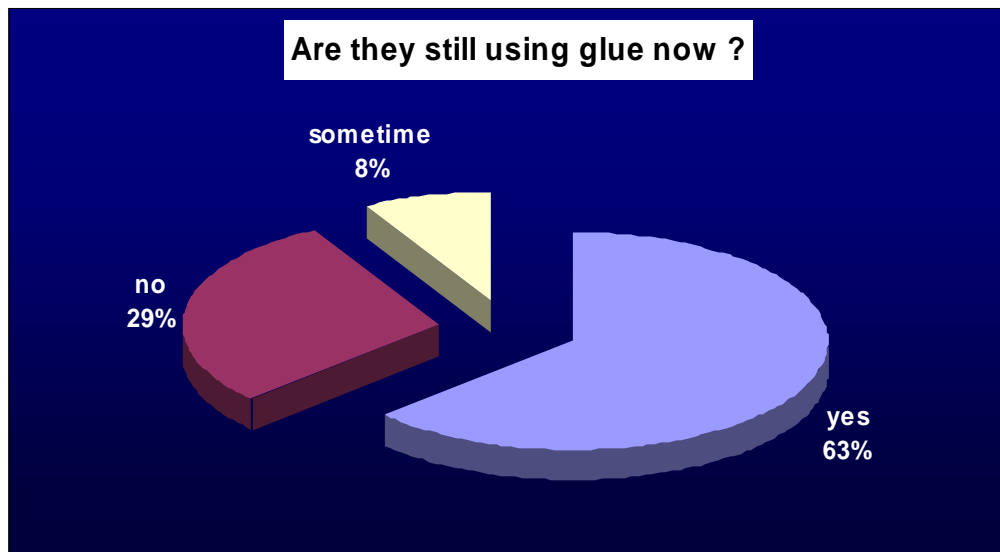
Finally, income source for glue does not differ significantly from that of tobacco, with money coming half from begging and half from working (rag-picking). Some children are also known to steal glue from others (something they don't do for cigarettes), though none admitted it.



2) Mechanism of Glue Addiction

On average, children had been using glue for the past 2.7 years, which is clearly less than the average time spent in the streets (3.5 years) or the time they have been smoking (3.2 years). Though these numbers should not be taken too seriously, the perception of time of children living in the streets being often quite distorted, it was clear that most of the children started taking glue after tobacco, which does seem to show that initiation to glue does not come on the very first days or months of the period of stay in the streets, as it does for cigarettes. Though all the children say that they were taught how to use glue by their friends on the streets, it seems to take several month (6 to 8) before a newcomer actually indulge in glue sniffing, which is not the case for tobacco.

63% of the children said they were still using glue regular at the time of the interview. 8% occasionally, and were trying to stop, while 29% said they had already stopped for some time (all the children from the transit homes especially said that they stopped since they joined the program.)



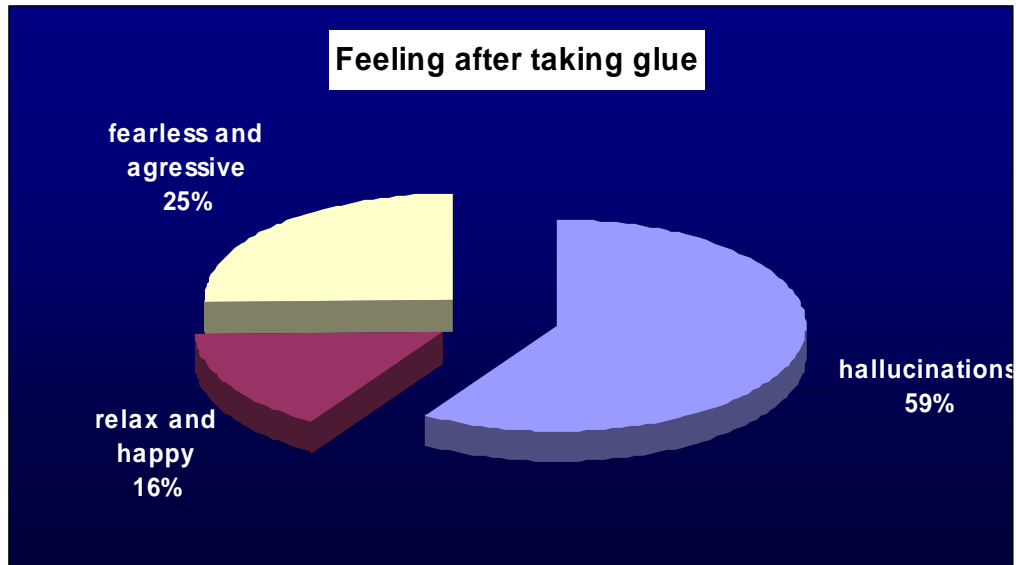
When asked to quote the main reason why they were still taking glue now, the answers fell into 3 broad categories:

- 1) To relief the pain (both physical and psychological): because they have many “tensions” in their life, or because they feel “sick” without it
- 2) For the trip: to enjoy, for the pleasure it gives, when they feel bored, because it “tastes” good.
- 3) Don’t know: no clear reason given, except that they are used to take it.

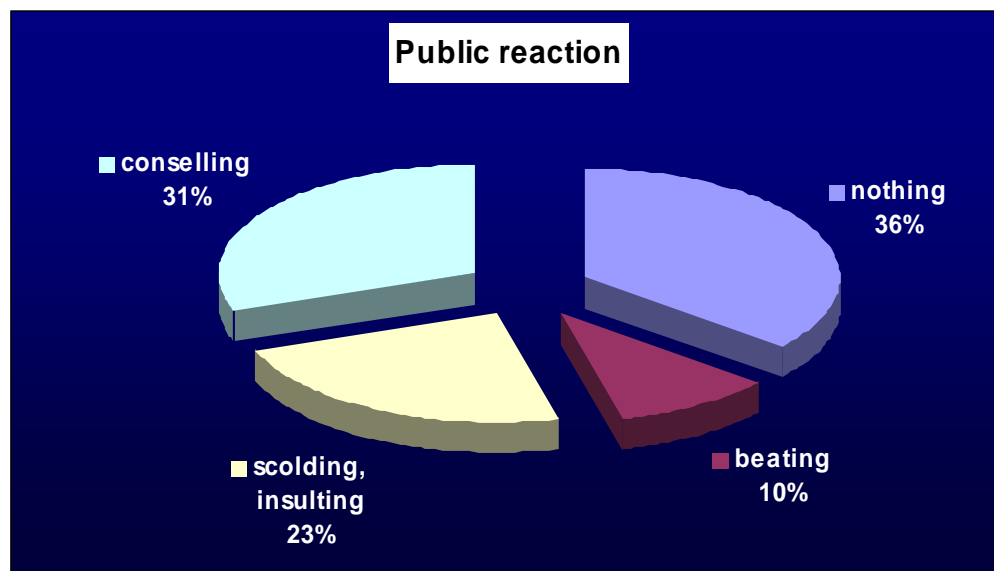
Surprisingly, though glue addiction seems to possess for outside observers most of the characteristics of hard drug addictions, the majority of the children (40%) shamelessly admit using glue for the fun, the trip it gives, apparently voluntarily, while we would expect real drug addicts to pose themselves as victims of an uncontrollable compulsion. An unexpectedly rather small fraction (29%) talk of the need to use glue to relieve psychological and/or physical pain.



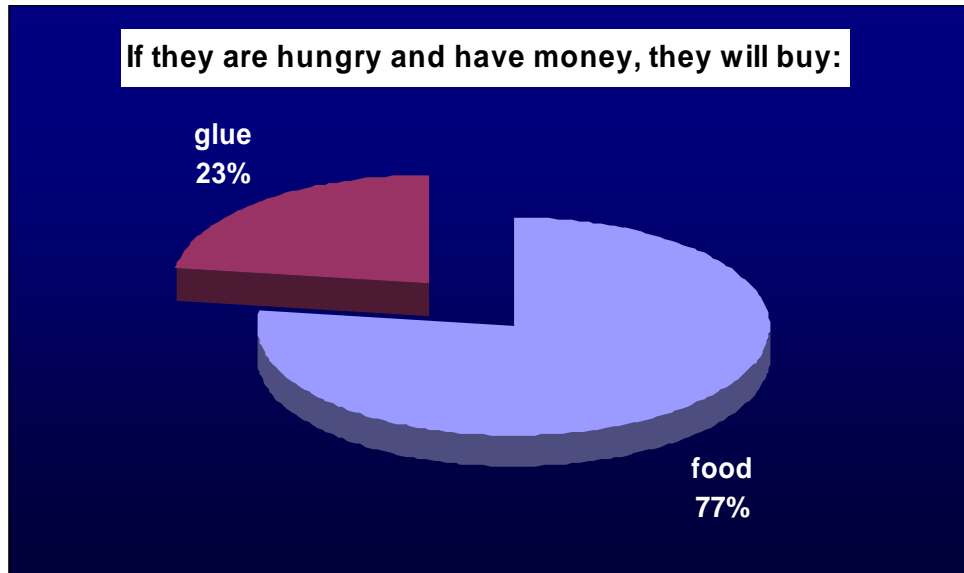
The children were also asked to describe their feeling and sensation after inhaling glue. For the majority of them, 59%, the main effect was indeed the one expected, ie hallucinations and evasion from reality (to see animal, snakes, Gods, ghosts, family members in the sky, to feel like flying, to see stars falling down, to feel the earth quake, etc.). Another 25% said that they felt fearless (for fighting, stealing), shameless (for begging, rag picking), and aggressive. Only 16% confessed that they felt relax and playful, sleepy, without pain and hunger.



The children had to describe the most common reaction of the public or authorities while seen taking glue on the streets. A majority of children answered that people did not do anything (36%) or that they sometime tried to talk and counsel them (31%). 23% that they scolded or insulted them. 10% said they used to be beaten. It was not clear though whether aggressive reaction from the public was specifically due to glue sniffing or to the overall behavior of the children. In general, the children believed that most of the people simply did not care much about it.



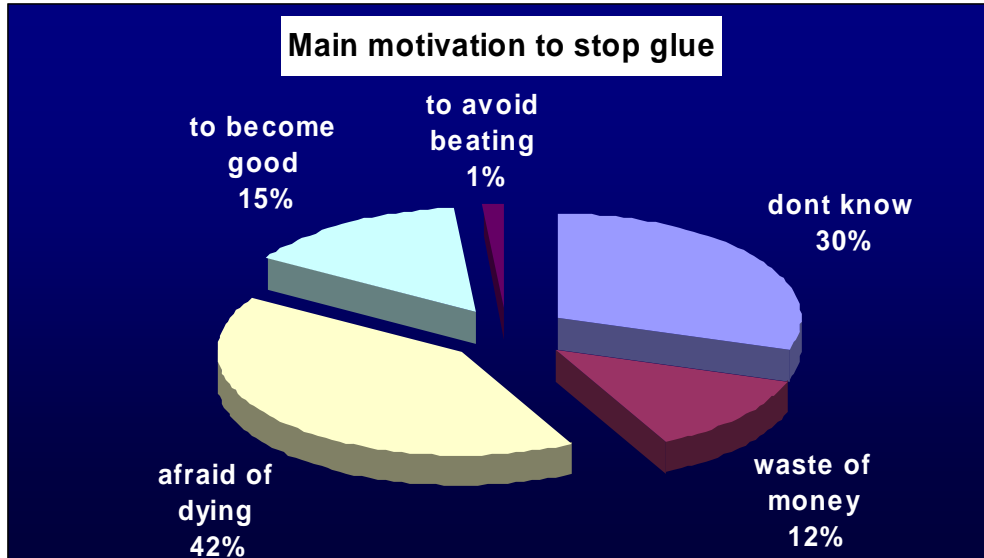
Finally, the children were asked what they would buy first if they were hungry and had enough money. 77% of them replied they would buy food, and 23% glue.



3) Weaning mechanisms

When asked if they have already tried to stop taking glue, a large majority of children (76%) confess that they have already tried, and usually several times without success (3 times on average). 67% of the children admit that this is hard to stop, the reasons quoted with nearly equal frequency being 1) addiction or habit problem, 2) the fear of becoming sick, 3) friends influence. The 1/3 of children who claim that to stop glue is easy quote mostly will power, the fact of staying in NGO, or the use of cigarette as the best and easiest ways to stop.

Similarly, 79% of the children say that they would like to be able to stop glue completely. Their motivation for stopping are: the fear of health consequences (of becoming “spoiled”, sick and ultimately of dying) for 41%, the desire to become good and healthy and be able to go back to their village and family for 15%, the realization that glue is bad and a loss of money for 12%. 30% are not able to give any reason, while only 1% say they would like to stop for fear of being beaten or scolded by the people. Those children who don’t express the desire to stop glue quote the fear of becoming sick and the feeling of pain during weaning as the main reason.

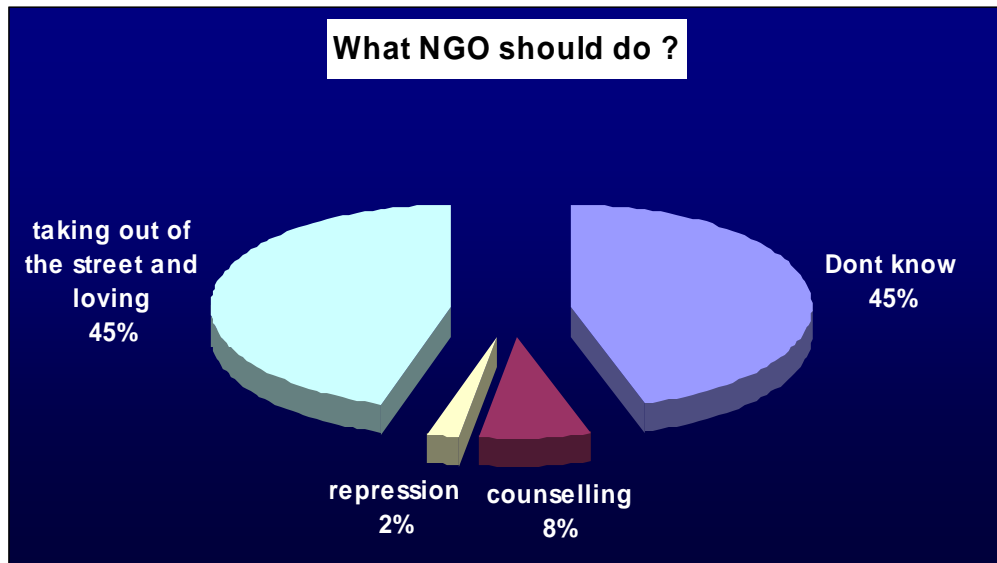


When asked about the best way for them to stop glue; the answers fall into 5 broad categories: 36% say they could stop by leaving the streets and company of bad friends, i.e. by staying in NGO or back to family, by going to school or taking regular job. 24% by will power and awareness (once they have understood the health consequences); 22% say that they don't know or that there is no way to stop (too hard). Finally 8% say that they could stop "slowly" and an equal proportion (8%) mention cigarette as a way to stop. Interestingly only 1 of the children surveyed says that closing all the dendrite shops would be a way to stop taking glue. No children mentioned strict repression from the police or locals as a way to make them stop glue.

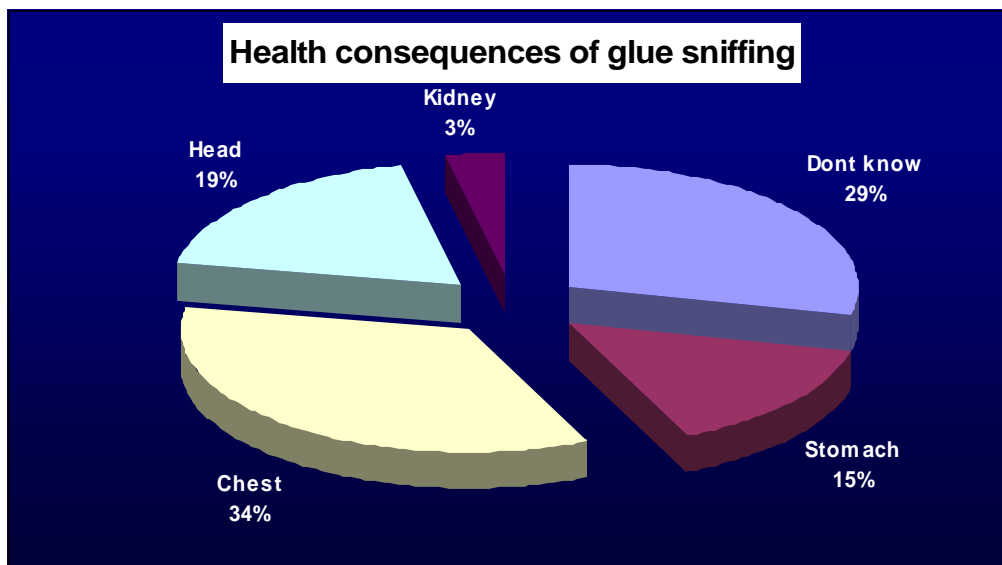


The children were then asked to tell what according to them the NGOs should do to help/make them stop glue. While 45% of them answered that they did not know, or that NGO could not do anything, another 45% mentioned taking them out the streets, putting

them in hostel, and providing care and love. 8% quoted awareness and counseling, and only 2% stricter repression from NGOs (not letting the children take glue) as a solution.



Finally, children were asked to list the symptoms and health problems related to glue sniffing. While 29% replied that they did not know, or that there were no consequences, the most common quoted symptoms were: Chest pain (burning lungs, cough, breathing difficulty; blood from mouth, sensation of hole in the heart...) for 34%; head ache (dizziness, “water in head”) for 18%; stomach pain (loss of weight, weakness, “drying of intestine”...) for 15%. 3% mention kidney as the main organ affected, while only 1 of the children considered glue responsible for cancer. Overall, though they tend to express it in a very imaginative way (“dry stomach”, “hole in the heart”, “water in the head”), most children were well aware of the health consequences, which remain as we saw it earlier one of the most important motivation to stop.



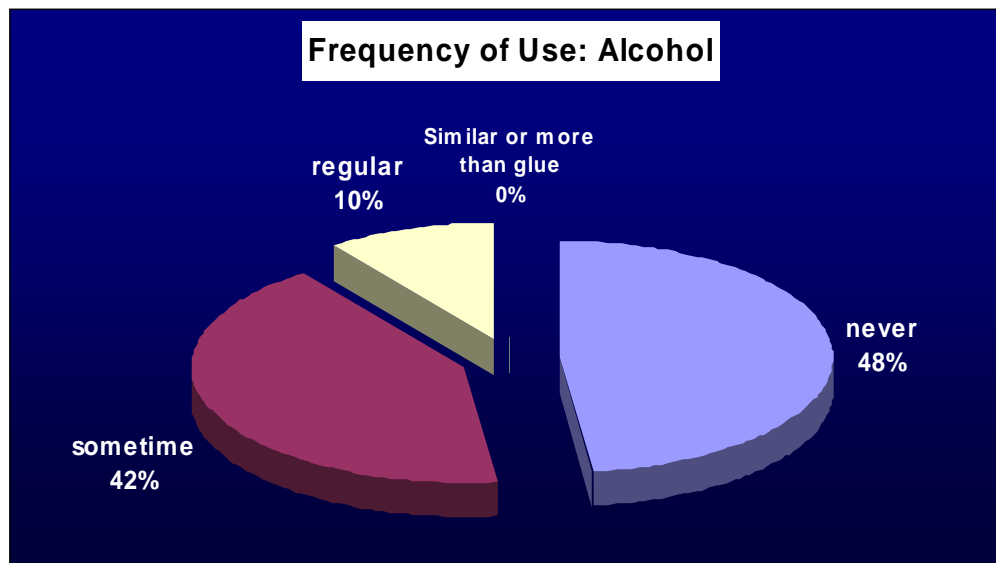
5) Other Substances Abuse

After Glue, the other substance most commonly used by children was Hashish (Marijuana, or Ganja as it is commonly know in Nepal). Still, addiction to this substance seem to be much less common as a total of only 13% admitted using hashish on a regular basis, while 42% said they were using it time to time.

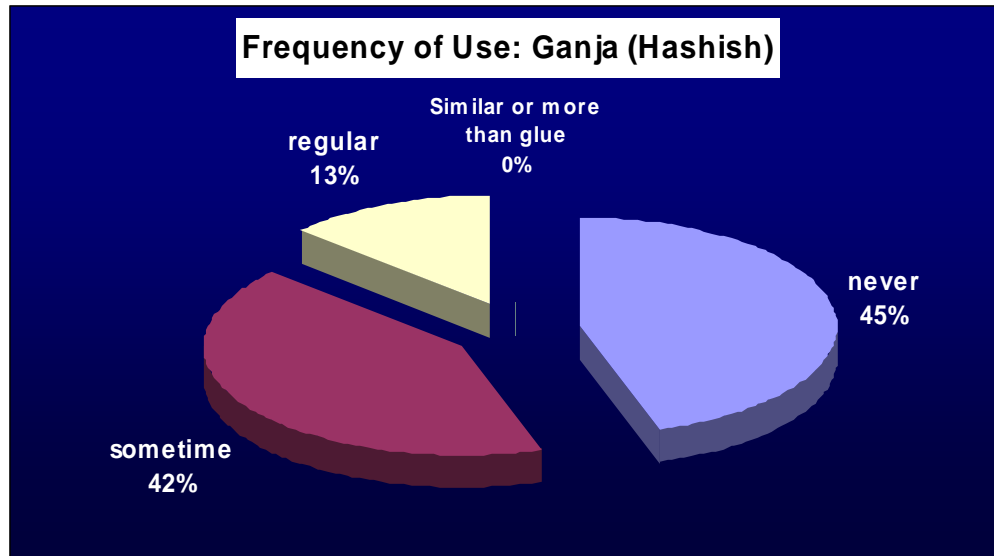
Alcohol and especially the local version of Tibetan beer (“chang, made of millet, about the same alcoholic content as standard beer”⁸) was found to be used regularly by 10% of the children, and occasionally by an extra 42%. None of the children admitted regular use of “raksi”, a much stronger rice alcohol.

Only 1 boy interviewed admitted using tabs (pills having psychotic effects) sometime, and no child said having used harder drugs, based on heroin or cocaine, like brown sugar or injection.

The children were explicitly asked if they were using any other substance with a similar or bigger frequency than glue. With the exception of tobacco, the answer was overwhelmingly negative for all of them, confirming that glue sniffing is by far the most widespread addiction among street children, after smoking.



⁸ Interestingly “Chang” is not considered as an alcoholic drink by the children or even by the general population.



4) Summary

In term of frequency of use, Glue is found to be nearly as popular as smoking among street children, with nearly all children (98%) using glue on a regular basis (i.e. several times a week), and even daily for nearly 61% of them (compared to 86% for tobacco).

In comparison, abuse of other easily available substances (hashish, alcohol) is much less common (with 50 to 100% of the children saying that they never use them), and if they are used, it is in a much less regular manner.

This quantitative result completely contradicts that of a previous study (CPCS, 2007) according to which alcohol, hashish and glue were equally popular and concerned each only about 1/3 of the children. It is on the other hand in agreement with most recent observations in other neighboring countries of Asia, such as Pakistan, where the fraction of street children using glue is known to be in excess of 90%.⁹

The survey also helps understand that glue sniffing, as opposed to other substance abuse, is mostly a collective activity. While one of the obvious reasons is that one child can't make enough money to buy a packet of glue by himself in a single day, it is also clear that the vital need for all street children to recreate affective and social links with their peers makes it nearly impossible to avoid or to stop taking glue while in the streets.

⁹ "Pakistan street kids plagued by glue sniffing" 08 Jan 2007, Reuters, <http://www.alertnet.org/thenews/newsdesk/ISL114216.htm>

That's why, not surprisingly, the best way (37%) for them to stop taking glue as they realize it themselves would be to be able to leave the streets, and their friends. Another 32% say that they could stop glue by themselves, slowly and using will power.

That leads to another interesting finding of this survey: the fact that a rather small fraction of children consider themselves as "victims" of an addiction. For some child right activists, it is customary to explain (and somehow justify) the use of glue by the street children as the only way to cope with their hunger and loneliness. Though 29% of the children were taking glue as a way to relieve pain and tension (but none actually quoted hunger explicitly¹⁰), most of them (40%) take it for the "trip" or pleasure and 59% actually declare seeing hallucinations as the main outcome. Overall, glue sniffing seems to be a much more "lucid" and calculated choice than what could have been expected. Rather than an uncontrollable addiction, it should be considered as a real survival strategy, that is a way to evade a depressing reality and more efficiently cope with the hardness of life.

Finally, a rather small fraction of children seem to suffer from the general public or authorities due to their habit, with only 10% quoting that they are physically aggressed when or after taking glue. Moreover, very few children (1 or 2%) consider repression (from NGO or the public) as a realistic deterrent or useful motivation to stop taking glue.

¹⁰Interestingly, it has already been noted that street children in Kathmandu are on average better fed and in better health condition than children living in the villages (see Panter-Brick, C., Todd, A. & Baker, R. 1996., Growth status of homeless Nepali boys: Do they differ from rural and urban controls? *Social Science and Medicine*, Vol. 42, 1996, Pergamon Press, Oxford, UK).

Conclusions

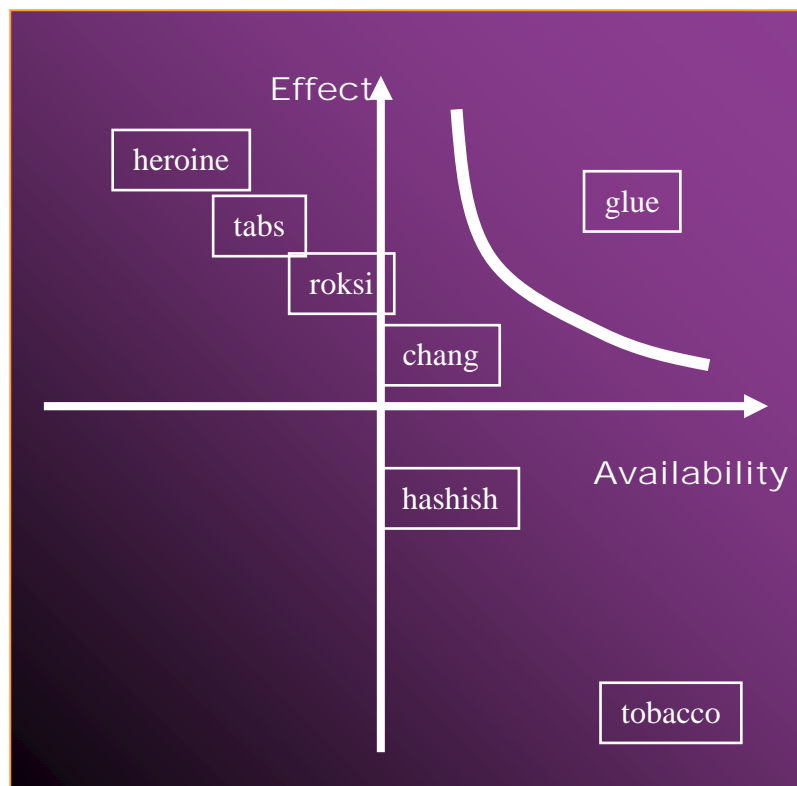
What is so special about Glue?

In Nepal, there is not shortage of substances which can be used by children in the streets or not: tobacco, glue, hashish, local alcohol (chang or roksi), prescription drugs based on soporific called as “tabs” (popular brands: nitrovet/nitrosun, proxyban.) sometime mixed with cough syrup (containing codein), heroine (brown sugar smoked or used injections, called as “titi”), etc (see Table next page). Though some of them are illegal, they are all readily available in Kathmandu (many of them if not produced locally, easily imported from the very porous indian border) to children and adults alike, as long as one can pay the price.

Apart from their cost, these substances are clearly used differently and have different effects. At the extremes:

- Tobacco is legal, it is the most widely used drug but has no psychotropic or mind-altering effect
- Heroine is illegal, has the strongest effect but it is of course the most expensive of all.

As can be seen on the relative scale of Availability (cost * ease of use) versus Effect (power * duration), glue occupies a very special position among all these drugs. It is by far the most cost effective psychotropic drug.



Substance or Drug Designation	Main Origin	Packaging	Cost per unit in Rs ¹¹	Minimum serving
Cigarette	Local & imported	Sold in unit	0.5 to 10	1 unit
Tobacco	Local	packet	4 to 6	1 unit
Parag	India	packet	2.5	1 unit
Chang (millet beer)	Local	glass / jug (1l)	Glass Rs 7 Jug Rs 35	1 glass
Raksi (Rice alcohol)	Local	glass	Rs 5-10	Half glass
Maxobond (glue)	Local	tube ¹²	Rs 45-60	1 tube typically for 5 kids
“Nitro” ¹³	India	file (=10 pills)	Rs 150-180 (black market)	3-4 pills for a high
Clonaze (anxiolytic)	India	file (=10 pills)	Rs 100-120	3-4 pill for a high
“Formula” ¹⁴	India	Syrup bottle + tab in unit	1 bottle = 50 rs 1 tab = 6 Rs	
Ganja (dry leaves of marijuana)	Local	Handful	20 Rs (free to collect in village area)	Enough for % joins
“black” (hashish stick)	Local	11 g	Rs 500	Enough for 10-20 joins
Brown sugar (wet & impur heroin powder)	India (Raxaul)	1 g	Rs 1000-1500	Enough for one high
“white” (cocaine powder)	India (Goa)	1g	Rs 2000-2500	“ “
“Amp” (injection of Digipam)	India	1 set = 160ml	Rs 500	“ “
Magic mushrooms	Pokhara area	5 mushrooms	Rs 200	“ “
LSD	India (Goa)	1 cm ² paper	Rs 4000-5000	“ ”

List of most common substances and drugs found in Kathmandu

¹¹ Local prices. Tourist prices for hard drugs are at least 10 times higher (and usually quoted in \$).

¹² Comes in 50ml tube but actually sold in smaller quantities to the kids in junkyard, starting from 5 rs per serving.

¹³ Prescription drug made of Nitrazepam (sleeping pills used to treat severe sleep disorders). Popular Brands in Nepal: Nitrosun, Nitrovet

¹⁴ A mixture of Cough syrup (with codeine) and various pills such as Proxyban (pain killer)

It is thus not surprising that glue is the preferred drug among street children: it is cheap, with a typical daily cost per child of Rs 10 (typically the minimal amount one child can collect by begging during the day), it is as widely available and openly consumable as tobacco (ubiquitous retailers, no laws against its usage, weak public reaction), and at the same time it has a very strong and durable effect (just next to much harder drugs).

How to stop glue sniffing?

There are lots of misconceptions regarding glue sniffing, which can be categorized into two different sets of opinions and beliefs. On one side most of the occasional tourists, child activist, journalists, sometime even NGO staff, or generally well intentioned people, tend to consider glue sniffing as a nearly justifiable way to forget hunger, for which they easily blame the society's indifference and weaknesses. For them, glue sniffing is not a choice, it is a fatality due to the miserable material condition (especially hunger) the children have to face in the street¹⁵. That's a common but excessively idyllic representation of the children, which do not take into account the fact that street children in the big cities of Nepal eat better and more food¹⁶ than the average nepali children. It is clear from this survey that glue helps relieve the pain, but the psychological pain and loneliness is much more problematic than hunger itself.¹⁷ This simplistic point of view also tends to depict street children as pure victims, which we know they are not in most aspects of their life.¹⁸

On the other side, the general public and authorities usually consider glue sniffing as a consequence of the lack of parental (adult) supervision and control for these children; They systematically prone strict repression as the only way to curb glue sniffing as any other deviant and asocial behavior, and are always ready to blame local NGOs which are trying to take care of these children, and which according to popular belief are providing too much support and not enough repression.

Still this survey shows that repression is not the correct way to go, as it would clearly have little impact on the children. Furthermore, it would be in practice very challenging if not impossible to organize in a systematic way, being the variety of places where glue can be bought and used (usage and deal of hashish, though illegal since many years and officially repressed, is still widespread in places like Basantapur or Thamel).

¹⁵ NEPAL: Street children sniff glue to beat hunger pangs, IRIN News, 22 October 2007, <http://www.irinnews.org/report.aspx?ReportId=74899>

¹⁶ Though they also clearly eat less regularly, a situation which tends to increase the psychological impact of hunger.

¹⁷ This is also why glue is also becoming popular among school children, who seldom suffer from hunger, but may share the same need for evasion.

¹⁸ In a way, we could say that as soon as a child leaves his home, and becomes a street child, he precisely stops being a passive spectator, victim of poverty or familial violence, and he starts becoming actor of his own life, even though, and that's where the problem lies, he is not well prepared for it.

The common idea that NGO which provide support (and especially food) to the children in the streets actually encourage glue sniffing (the obvious argument being that if children get what they need, eg food, they will spend their money for something else, ie glue), is an important part of this blame game and repressive mindset. This survey shows that glue is not directly associated with hunger.¹⁹ Glue is mostly seen by the children as a way to evade their condition and problems, which are essentially affective and psychological ones. This is why they clearly mention care, love and a radical change of their living condition (taking them out of the streets) as the best way to help them stop taking glue. And this is precisely what NGOs are trying to do, in the middle and in spite of popular disapprobation or misunderstanding.

Diminishing the level of support from NGOs staff, the only ones taking real care of these children in the context of Nepal (except for the occasional tourists) will simply make their condition more miserable and subsequently increase their need for evasion. If NGOs were to stop providing support for the children, they would not stop buying and using glue as the popular belief goes, they will simply be compelled to make more money by any means available (begging, pick pocketing and working), to satisfy both their need for food (body) and glue (mind). The inconvenience to the public, due to incessant begging and thief, would increase instead of being reduced, thus probably leading to a more acute need for repression and so on.

Still it is true that tourists or visitors who provide easy money to the children make it possible for the children to buy and use glue nearly without limitation, a temptation that they seldom resist. A clear lack of awareness about this addiction, both among foreign visitors and locals, often leads well intentioned people to unknowingly and unwillingly encourage glue sniffing. Immediate action seems necessary in order to inform the public, at least locally (ie in the places where children are known to beg), about the consequences of giving money to these children and about alternative ways to help them.

Apart from advocacy and awareness, legal and official repression, directed either at the children or at the retailers, seems very unlikely to lead to any result. First of all, Nepal has a very long tradition of making and ratifying laws that are never enforced. And any laws on use or selling of glue, as well as for other addictive substances, would be bound to be completely ignored in practice. This is even truer as long as the addiction is thought to be limited to a very small and specific population of children, for which state institutions do not even care to show any interest. Only in the case of glue addiction becoming widespread in schools for instance, and reaching a far bigger portion of the children population, would there be hope for a global, nation-wide reaction and real political will which could lead to practical and effective measures, such as an effective ban of these products. Though making glue illegal would certainly make it dearer and less accessible to street children, examples of other countries have shown that these children are prompt at substituting one addiction with another and the list of possible addictive substances is nearly endless.

¹⁹ It should also be kept in mind that no children living in areas of Nepal which suffer from chronic starvation is known to resort to glue sniffing to relieve the feeling of hunger.

More than in repression or legal action, more even than in public awareness, APC-Nepal believes that the solution lies in our level of understanding of the reasons why street children are so unanimously addicted to glue. It appears that glue answers a real need of children living in the street, ie children who essentially feel abandoned (even though they are the ones who actually “abandoned” their families). We know that though children may quote many particular reasons why they left their home, the common link behind all explanations is that they did not feel loved and cared for. In the context of Nepal, we know for sure that a child, who feels loved and cared by both parents, however poor they might be, will not run away from his home.

It is time all realize that children survival in the streets is much more a matter of psychological strength than anything else. More than cold or hunger; problems which they quickly learn to solve by themselves and with the help of the gang, children need to cope with their feeling of being abandoned, unworthy of love, a feeling that the public of the big cities of Nepal re-enforces daily by rejecting them and projecting a purely negative image. The only way to cope with this reality that they can neither change nor accept is to evade from it, to live as much as possible in dreams and hallucinations, which is what glue allows them to do at very low cost and with minimum inconvenience.

It is only by changing this image, and by finally listening to the psychological need and pain of these children, instead of considering that their actions and reactions are only determined by their physiological needs, that we will be able to help them overcome this addiction.

Annexes

[1] International attempts to reduce toxicity or consumption of glue

In the late 70s, several American glue making companies, when they learned their products were used by children to get a “trip”, altered the "recipe", introducing a noxious chemical. The company, Testors (more than 25 years ago), familiar to most children who ever build plastic model car kits, etc., is considered a textbook case of good corporate ethical conduct, when they immediately changed their glue formula, decades ago, even at some expense to their profit line. The Fuller Company in the U.S., the maker of "Resistol" (many glue sniffers are actually referred to as "Resistoleros" in Guatemala and Mexico, based on the fumes they sniff, and to which they are addicted), has refused to introduce any noxious component to their solvent-based adhesives.

Honduras, in the 1980's, attempted to make it a law that any adhesives made or imported there would, at least, include some form of mustard (or anything better) to prevent sniffing. Fuller launched a falsified advertising campaign, and is reputed to have made "arrangements" with various key members of the Honduran Congress. A vague, useless law is all that was ever passed. They eventually promised to change the recipe of the glue, perhaps not coincidentally, less than 48 hours before NBC aired a segment of "Dateline", exposing past corporate actions, and the secondary use of their product. Fuller promises of great change never materialized. Though some small cans of their products do not contain the Toluene, and those in Honduras and Nicaragua contain warnings that the item should not be sold to minors, all packaging in sizes of 1-gallon and more (which is how most all of it gets onto Latin America) still does contain the sought-after Toluene. Covenant House in the U.S. later filed suit against Fuller, on behalf of dead children and Fuller later substituted something else for Toluene (critics claim, rightly, that substituting one addictive neurotoxin for another, and not adding a chemical to prevent the desire to sniff the product, was a non-answer). Chinese glue makers have since copied the earlier recipes, which just forces the matter to a third country, even less likely to alter much of anything.

[2] Glue sniffing among teenage girls on rise in Nepal

By Pooja Shrestha, Headline News The Kathmandu Post (Nepal) 23 Jan 2008

Sunila dressed in a grey and white uniform opens the car door. She steps out and walks up to a small dingy hardware shop. In a hurry, she takes out Rs 120 and hands it to the shopkeeper, asking for a dendrite tube. Putting it inside the handbag, the 18-year-old sprints towards her car, which then zooms off in a jiffy.

Not only popular among street children, but glue sniffing has registered its presence quite strongly among impressionable school girls also.

Neha at 16 years was addicted to drugs and later on to dendrite. " I along with friends used dendrite at cabin restaurants of Thamel and at some friends' places where we could enjoy the sniffing and go into the trance of hallucination," she said. She was addicted to

drugs like brown sugar and later with too much of health problems went on taking dendrite.

As told to The Kathmandu Post, she confesses that dendrite sniffing is on the high rise among teenagers and school and college going students like. " The increase is mainly due to the easily availability of the substance at cheaper prices," she said.

Due to her addiction and incomplete studies with three times repetition at her eleventh grade, she has even been thrown out of her home. Now twenty, she is working at the Richmond Fellowship- Nepal where she was being rehabilitated.

Ivana Lohar of Richmond Fellowship- Nepal said, " Most user's intake towards dendrite is not for addiction but for fun. So, they would not seek help from outside as they do not feel the problem."

Dendrite, an easily available substance, students target on the hardware and stationary shops. Rakesh Thapa who owns a hardware shop says, "Many girls, especially in school uniforms come to buy dendrite. Before I thought it was for personal use. But, when they started insisting on the tubes, I was a little curious". He further adds that he found out that they purchased dendrite for sniffing. "Now, I have stopped selling tubes and even scolded the school girls asking them not to come to the shop for the purchase of dendrite."

Pooja Shrestha, team member of a research group on "glue sniffing among street children" said that there have been no registered cases on glue sniffing on girls. But during the research, I have heard that school girls are a vulnerable lot, who sniff dendrite and correction pen, spilling it in the handkerchief or tying it on the tie ends of their uniforms.

Many organizations working on teenager's problems gave their share of truth. Youth Vision, an organization working for youth, has come across around eight cases of glue sniffing in the age group of 18-20 years. Out of them, three of the addicts were young adults from elite families while the rest were from middle class families. All these cases came into notice through counseling and treatment for de-addiction.

While, Richmond Fellowship- Nepal, which handles cases of drug addicts, said the problem of glue sniffing has been observed not only among street children but also among schoolgirls. Among school children, higher secondary school girls are sniffing glue the most, with the intake of dendrite and tipex (white correction fluid), states the research on glue sniffing among street children.

Whereas, Life Giving and Life Saving (LALS), an organization working on harm reduction, has found the maximum use of glue sniffing among schoolgirls as compared to street children.

Baby Cengong said, "Most of the teenage girls are using this substance. The trend of glue Sniffing has already shifted from street children to school going girls and boys". LALS further states that the rate of glue sniffing has gone down among street children, because of some casualties among peers, which were witnessed by other street children.

The reasons given by the users for sniffing were low self-esteem, an inferiority complex and enough pocket money to buy this substance. Some of the health problems identified by them after substance abuse were depression, fear, phobia, nervousness, lack of concentration, respiratory problems, feeling cold inside the body and hallucinations caused after falling unconscious.

(Some names have been changed)